



**EMPLOYERS'**  
CHOICE Rx



## Evidence-Based Prescription Drug Program Guide – Effective January 1, 2016

Effective January 1, 2016, your Health Plan will expand its integration of an evidence-based prescription drug program. Changes to the prescription plan are based on recommendations and assistance from Employer's Choice Rx (ECRx) and RxResults, LLC. The Plan has adopted various initiatives in several drug categories per ECRx and RxResults recommendations. These initiatives are defined below as: reference pricing, prior authorization, step therapy and exclusions.

- **Reference Pricing** – The plan uses this initiative when there are one or more similarly effective and lower cost drugs in a drug category. When these occur, the benefit plan will only pay the amount it would pay for the lower-cost drugs and patients will pay the difference in cost between the higher-cost drug and the lower-cost alternatives in the form of a higher co-payment. Many times, patients have an opportunity to reduce their co-payment expenses by switching to an alternative drug product.
- **Prior Authorization** – The plan uses this initiative when it is recommended that qualified personnel review a patient's medical situation or medication history prior to benefit coverage of a particular drug.
- **Step Therapy** – The plan uses this initiative to require that a patient first try one or more drug products before the plan will provide benefit coverage for another drug.
- **Exclusions** – The plan uses this initiative when there are other lower-cost drug products that are considered equally effective.

For questions, please call RxResults Member Services toll free at 1-844-853-9400 between 7 a.m. and 7 p.m. Central Standard Time.

### REFERENCE PRICING

*Generic drugs italicized*

<b><i>If you are taking any of these drugs with high patient co-payments:</i></b>	<b><i>Ask your physician if you can switch to these drug alternatives with lower patient co-payments:</i></b>
<b>Antibiotics</b> (alternatives in right column correlate to same line in left column)	
Acticlate, Adoxa, Doryx, <i>doxycycline hyclate DR</i> , Monodox, Oracea, Oraxyl, Periostat, Targadox	<i>immediate release doxycycline</i>
Dynacin, Minocin, Minocin Kit, <i>minocycline ER</i> , Solodyn	<i>minocycline</i>
Branded Amoxicillin, <i>lansoprazole/amoxicillin/clarithromycin</i> , Moxatag, PrevPac	<i>amoxicillin</i>
<b>Anticonvulsants – Gabapentin</b>	
Gralise, Lyrica, Neurontin	<i>gabapentin</i>
<b>Antidepressants</b>	
Cymbalta, branded desvenlafaxine, <i>desvenlafaxine</i> , branded duloxetine, <i>duloxetine</i> , Effexor XR, Irenka, Khedezla, Pristiq	<i>generic venlafaxine</i>
<b>Antihypertensives (High Blood Pressure Drugs)</b>	
<i>amlodipine valsartan</i> , <i>amlodipine valsartan HCTZ</i> , Amturnide, Atacand, Atacand HCT, Avalide, Avapro, Azor, Benicar, Benicar HCT, Cozaar, Diovan, Diovan HCT, Dutoprol, Edarbi, Edarbyclor, Exforge, Exforge HCT, Hyzaar, Micardis, Micardis HCT, Tekamlo, Tekturna, Tekturna HCT, <i>telmisartan</i> , <i>telmisartan HCT</i> , Teveten, Teveten HCT, Tribenzor, Twynsta, Valturna	<b>Generic ACE Inhibitors:</b> <i>benazepril</i> , <i>benazepril HCT</i> , <i>captopril</i> , <i>captopril HCT</i> , <i>enalapril</i> , <i>enalapril HCT</i> , <i>fosinopril</i> , <i>fosinopril HCT</i> , <i>lisinopril</i> , <i>lisinopril HCT</i> , <i>moexepiril</i> , <i>moexepiril HCT</i> , <i>perindopril</i> , <i>ramipril</i> , <i>quinapril</i> , <i>quinapril HCT</i> , <i>trandolapril</i> <b>Generic ARB Agents:</b> <i>losartan</i> , <i>losartan HCTZ</i> , <i>irbesartan</i> , <i>eprosartan</i> , <i>valsartan</i> , <i>valsartan HCTZ</i>
<b>Cholesterol Reducers – Fibric Acid Derivatives</b>	
Antara, brand fenofibric acid, <i>fenofibrate</i> (43, 130, 135, 145 & 150 mg only), Fenoglide, Fibricor, Lipofen, Lofibra, Lopid, Tricor, Triglide, Trilipix	<i>fenofibrate</i> (strengths other than 43mg, 130mg, 145mg & 150 mg are less expensive)
<b>Cholesterol Reducers - Statins</b>	
Advicor, Altoprev, <i>amlodipine/atorvastatin combination</i> , Caduet, Crestor (except 40mg strength), Lescol, Lescol XL, Lipitor, Livalo, Mevacor, Pravachol, Simcor, Vytorin, Zocor	<b>Preferred generics:</b> <i>lovastatin</i> , <i>pravastatin</i> , <i>simvastatin</i> . <b>Other generic alternatives:</b> <i>atorvastatin</i> , <i>fluvastatin</i> .

All brand drug products listed are registered trademarks of their respective manufacturers. Updated 9/3/2015

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<b><i>If you are taking any of these drugs with high patient co-payments:</i></b>	<b><i>Ask your physician if you can switch to these drug alternatives with lower patient co-payments:</i></b>
<b>Gastric Acid Reducers/Anti-Ulcer Drugs – Proton Pump Inhibitors</b>	
Aciphex, Dexilant, Duexis, <i>esomeprazole</i> , <i>lansoprazole</i> , Nexium, <i>omeprazole/sodium bicarbonate</i> , Prevacid, Prilosec, Protonix, <i>rabeprazole</i> , Vimovo, and Zegerid capsules	<i>omeprazole</i> , <i>pantoprazole</i>
<b>Migraine Agents – Triptans</b>	
Almotriptan, Amerge, Axert, Frova, Imitrex, Maxalt, Maxalt-MLT, Relpax, Sumavel, Treximet, <i>zolmitriptan</i> , Zomig, Zomig ZMT	<i>sumatriptan</i> , <i>naratriptan</i> (for Amerge), <i>rizatriptan</i> (for Maxalt)
<b>Muscle Relaxants</b>	
Amrix, branded Carisoprodol, Fexmid, Flexeril, Lorzone, <i>metaxalone</i> , Norflex, orphenadrine inj., Parafon, Robaxin, Skelaxin, Soma, Zanaflex	<i>carisoprodol</i> , <i>chlorzoxasone</i> , <i>cyclobenzaprine</i> , <i>methocarbamol</i> , and <i>tizanidine</i>
<b>Osteoporosis Agents - Bisphosphonates</b>	
Actonel, branded Alendronate, Atelvia, Binosto, Boniva, Fosamax, Fosamax-D, <i>ibandronate</i> , <i>risedronate</i>	<i>alendronate</i>
<b>Overactive Bladder – Urinary Antispasmodics</b>	
Detrol, Detrol LA, Ditropan XL, Enablex, Gelnique, Myrbetriq, <i>oxybutynin ER</i> , Oxytrol, Sanctura, Sanctura XL, <i>tolterodine</i> , <i>tolterodine ER</i> , Toviaz, <i>trospium CL</i> , <i>trospium CL ER</i> , Vesicare	<i>immediate release oxybutynin</i>
<b>Pain Killers / Analgesics</b> (alternatives in right column correlate to same line in left column)	
Daypro, <i>mefenamic acid</i> , Ponstel, Voltaren-XR, Zipsor	<i>immediate release diclofenac</i>
Celebrex, <i>celecoxib</i>	<i>generic NSAIDs (except celecoxib)</i>
Naprelan	<i>naproxen</i>
ConZip, Rybix, <i>tramadol ER</i> , Ultracet, Ultram, Ultram ER	<i>immediate release tramadol</i>
<b>Sleep Aids – Sedatives/Hypnotics</b>	
Ambien, Ambien CR, Belsomra, Edluar, <i>eszopiclone</i> , Intermezzo, Lunesta, Rozerem, Silenor, Sonata, <i>zolpidem ER</i> , Zolpimist	<i>zaleplon</i> , <i>immediate release zolpidem</i>

## PRIOR AUTHORIZATION

<b><i>Drugs requiring prior-authorization</i></b>	<b><i>Exceptions / Conditions</i></b>
<b>Antibiotics – Oxazolidinones</b>	
Zyvox	Bactrim, clindamycin, generic <i>doxycycline</i>
<b>Antidiabetics – Amylin Analogues, DPP-4 Inhibitors and GLP Receptor Agonists</b>	
Bydureon, Byetta, Janumet, Janumet XR, Januvia, Jentadueto, Juvisync, Kazano, Kombiglyze, Nesina, Onglyza, Oseni, Symmlin, Tanzeum, Tradjenta, Trulicity, Victoza	Coverage is grandfathered if same drug filled in the last 100 days.
<b>Cholesterol Reducers – Statins &amp; Ezetimibe</b>	
Crestor (40mg strength only), Zetia	Coverage for Zetia is grandfathered if Zetia has been filled in the last 100 days. No grandfathering for Crestor 40mg.

## STEP THERAPY

<b><i>Drugs with step therapy requirements</i></b>	<b><i>Conditions</i></b>
<b>Antibiotics – Dificid and Vancomycin</b>	
Dificid, Vancomycin, <i>vancocin hcl</i>	Must try <i>metronidazole</i> or <i>metronidazole SR</i> before coverage
<b>Antiasthmatics – Beta Agonists, including Combination Products</b>	
Advair, Brovana, Dulera, Foradil, Perforomist, Serevent, Symbicort	Coverage allowed if patient has been compliant with an inhaled corticosteroid. Patients aged 40+ are exempt.

## EXCLUDED

<i>Drugs that are excluded</i>	<i>Notes</i>
<b>ADHD / CNS Stimulants</b>	
Intuniv, <i>guanfacine ER</i>	Generic immediate release <i>guanfacine</i> covered.
<b>Anticonvulsants - <i>Lamotrigine</i></b>	
Lamictal, Lamictal ODT, Lamictal XR, <i>lamotrigine ER, lamotrigine ODT</i>	Only generic immediate release <i>lamotrigine</i> covered.
<b>Antidiabetics – SGLT2's</b>	
Farxiga, Invokana	<i>metformin, sulfonylureas, pioglitazone &amp;/or insulin</i>
<b>Antihistamines – Non-Sedating</b>	
All non-sedating antihistamines	Over-the-counter antihistamines at member cost
<b>Nasal Steroids</b>	
All nasal steroids	Over-the-counter products at member cost
<b>Lipid-Lowering Agents – NAD, OMEGA-3 &amp; PCSK9 Inhibitors</b> (alternatives in right column correlate to same line in left column)	
Lovaza, generic <i>omega-3 acid</i> , Vascepa	Over The Counter Omega-3 fish oil at member cost
Niaspan and <i>niacin ER</i>	Over The Counter niacin at member cost
<b>Pain Killers – (Non-Narcotic Topical Analgesics)</b>	
Capsiderm, Captracin, diclofenac gel, Flexin pad, generic diclofenac solution, Flector, Mac Patch, Neuvaxin, Pennsaid solution, Qroxin, Releevia, Relyyks, Renovo, Sinelee, Solaice, Solaraze, Voltaren <b>gel</b>	Generic immediate release diclofenac, generic naproxen
<b>Testosterone Products – Topical/Buccal Administration</b>	
Androderm, Androgel, Axiron, Fortesta, Natesto, Striant, Testim, Testopel, Vogelxo, <i>testosterone gel</i>	Only injectable testosterone products are covered.

